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REVOCATION OF POWER OF ATTORNEY  
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AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Control Number(s)	95/001,210
Filing Date(s)	8/13/2009
First Named Inventor	Josef Laumen
Title	Method and Device For Transmitting Ma
Patent Number	7,274,926
Examiner Name	
Attorney Docket No(s).	60851-381252

I hereby revoke all previous patent owner powers of attorney given in the above-identified reexamination proceeding control number(s).

☐ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the proceeding(s) identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

☒ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the proceeding(s) identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number
James L. Ewing, IV	30,630
Michael S. Pavento	42,985

Please recognize or change the correspondence address for the above-identified reexamination proceeding control number(s) (more than one may be changed **only** if they are merged proceedings) to be:
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I am the:

☐ Inventor, having ownership of the patent being reexamined.

OR

☒ Patent owner.

Statement under 37 CFR 3.73(b) (Form PTO/SB/99) submitted herewith or filed on \_\_\_\_\_.

SIGNATURE of Inventor or Patent Owner

Signature

Date

Name

Bernard Frohwitter

Telephone

Title and Company

Managing Director

NOTE: Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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